MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

02064

CERTIFICATE OF DEATH

Reg. Diat. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 minutes

Hospital, institution or street address where death occurred:

Easton Memorial Hospital

How long in hospital or institution? 10 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Wm. W. Edgar Andrew

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

8.(b) Name of husband or wife Sarah Lane Andrews

6.(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1884

8. AGE:

Years	Months	Days	If less than one day
60	3	5	...hrs. ...min.

9. Birthplace Caroline Co. Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Arthur J. Andrew

13. Birthplace Caroline Co. Md.

MOTHER 14. Maiden name Sarah C. Linton

15. Birthplace Caroline Co. Md.

16. Informant Mrs. Sarah J. Andrew

Address Federalsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/20/45 (month) (day) (year)

Cemetery or crematory Hill Crest

Location Federalsburg Md.

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. 2/17 19 45 M. H. Merrill

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1945, at 11:50 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1 1945, to February 16 1945

and that I last saw him alive on February 14 1945

	DURATION
Immediate cause of death Uremia & Coronary Occlusion	
Due to Chronic Cardio Renal Dzse & Hypertension	yrs
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lloyd D. Tuttle M. D. or other

Address Preston, Md. Date signed 2/17/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89

02065

293

Reg. Dist. No. 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
County Talbot
City or town near Tuckahoe Cordova
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 months
Hospital, institution, or street address where death occurred:
near Easton
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town near Cordova
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3.(a) FULL NAME advertiser Harriett Bailey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col.	Widow

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 27th 1904

8. AGE: Years 40 | Months 6 | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace near Tuckahoe Cordova Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name James Edward Bailey
13. Birthplace Md

MOTHER 14. Maiden name Laura Van Gibson
15. Birthplace Md

16. Informant James Bailey
Address Cordova Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-14-45 (month) (day) (year)
Cemetery or crematory Chapel Cemetery
Location Near Cordova

18. Funeral director J. Virgil Leonard
Address Denton Md

19. 2/13/45 (Date rec'd by registrar) M. H. Merrill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15th 1945 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31 1945 to Feb 12 1945 and that I last saw h.. alive on Feb 11 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	Dec 1944 and 2-9-45
Due to Hemiplegia left	6 wks +
Due to Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Stirling Mills M.D. or other
Address Ridgely Md Date signed 2-13-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02066

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
Cor. Dover and Hanson Sts.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. Cor. Dover and Hanson Sts.
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME William Lester Ball

3.(b) Social Security Number 216-14-2948

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Stella Callaghan Ball
6.(c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) March 3, 1885

8. AGE: Years	Months	Days	If less than one day
59	11	9	...hrs. ...min.

9. Birthplace Easton, Md. (Town, county, and state)
10. Usual occupation Clerk
11. Industry or business Circuit Court of Talbot Co.
FATHER 12. Name William T. Ball
13. Birthplace Maryland
MOTHER 14. Maiden name Fannie Beck
15. Birthplace Maryland
16. Informant Mrs. Stella C. Ball (Wife)
Address Easton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 14 1945 (month) (day) (year)
Cemetery or crematory Spring Hill Cemetery
Location Easton, Md.
18. Funeral director H. Ellis Clark
Address Easton, Md.
19. 2/14 1945 (Date rec'd by registrar) W. H. Meredith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1945 at 7.20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ...19... to ...19...
and that I last saw h... alive on ...19...

Immediate cause of death	DURATION
Due to Apoplexy	
Due to Hypertension	
Other conditions Hypertensive Heart	

(Includn pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. H. Palmer, M. D. or other
Address Easton Md Date signed 2 13 45

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-C)

CERTIFICATE OF DEATH

02067

Reg. Dist. No. 290

STATE FILE COPY

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mons. 2 days

Hospital, institution, or street address where death occurred:

Memorial Hospital.

How long in hospital or institution? 3 mons. 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Oscar W. Bayhan

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	

6.(b) Name of husband or wife Alberta J. Bayhan

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 27 1860

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
84	5	5		

9. Birthplace Quincy Ill. (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name William R. Bayhan.

13. Birthplace Ohio

MOTHER 14. Maiden name Nancy E. Isks

15. Birthplace Maryland

16. Informant B. Frank Benny.

Address P.O. Box 4 Easton, Maryland.

17. burial (Burial, cremation, or removal. Which?) Date thereof 2/5/45 (month) (day) (year)

Cemetery or crematory Bayhan

Location Easton Maryland

18. Funeral director Ellis Clark Sons.

Address Easton, Md.

19. 2/3 1945 (Date rec'd by registrar) N. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1945, at 11 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 3 1944 to Feb 2 1945

and that I last saw him alive on Feb 2 1945

	DURATION
Immediate cause of death Carcinoma of the Prostate Gland.	4 Mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation Carcinoma of the Prostate Gland Date of op. 1944

Autopsy results and nov 4 1944.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE John D Schmidt M.D. M. D. or other

Address Easton md Date signed Feb 3 1945

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

02068

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
County: Talbot
City or town: St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Talbot
City or town: St. Michaels, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Norman T. Bladen

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6.(b) Name of husband or wife: Annie T. Wales
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 12 1862

8. AGE:	Years	Months	Days	If less than one day
	82	2	11	..... hrs. ..... min.

9. Birthplace: St. Michaels (Town, county, and state)
10. Usual occupation: Oyster Packer
11. Industry or business:

FATHER
12. Name: Benjamin H. Bladen
13. Birthplace: St. Michaels.

MOTHER
14. Maiden name: Emily Jane Robinson
15. Birthplace: Dorchester Co. Md

16. Informant: Mrs Emma Sewell
Address: St. Michaels. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 26 1945 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: St. Michaels. Md

16. Funeral director: Newnam & Harrison
Address: St. Michaels. Md.

19. Feb 24 1945 (Date rec'd by registrar) John Hurwales Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 23 1945 at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 23 1945 to Feb 23 1945 and that I last saw him alive on Feb 23, 1945

Immediate cause of death	DURATION
Coronary disease	
Due to: Arteriosclerosis	
Due to: Senility	
Other conditions	

(Incinde pregnancy within 8 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. H. Hoke M. D.
M. D. or other
Address: St. Michaels, Md. Date signed: 2/24/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

02069

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
County Talbot
City or town Bozman
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yr
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Bozman
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary E Bridges

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow

6.(b) Name of husband or wife R Thomas Bridges
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 29 1872

8. AGE: Years	Months	Days	If less than one day
72	9	4	..... hrs. ..... min.

9. Birthplace Hammonds Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name George Edmond
13. Birthplace Richmond Va

MOTHER
14. Maiden name Julia Frazer
15. Birthplace West Virginia

16. Informant David Edmond
Address Bozman Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Feb 5th 1945 (month) (day) (year)
Cemetery or crematory Olivet Cemetery
Location St Michaels Md
18. Funeral director Kemmans and Harrisons
Address St Michaels Md
19. Feb 5 1945 (Date rec'd by registrar) Johns Hopkins Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1945 at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 1945 to Feb 2 1945 and that I last saw her alive on Feb 2 1945

Immediate cause of death	DURATION
Chronic Nephritis	7
Due to	1
Due to	
Other conditions Arteriosclerosis	7
	1

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE J. H. Hohe M.D. (M. D. or other)
Address St Michaels Md Date signed 2/3/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92b)

02070

CERTIFICATE OF DEATH

Reg. Diat. No. 291

1. PLACE OF DEATH:
County: Talbot
City or town: St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? unknown
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Talbot
City or town: St. Michaels. Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: J. Harry Bryan

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 14 1870

8. AGE: Years: 74 | Months: 6 | Days: 3 | If less than one day: ..... hrs. ..... min.

9. Birthplace: St. Michaels. Md.
(Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business:

FATHER
12. Name: James A. Bryan
13. Birthplace: Queens Anne Co. Md

MOTHER
14. Maiden name: Annie R. Jones
15. Birthplace: Caroline Co. Md.

16. Informant: R. N. Bryan
Address: St. Michaels. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 20, 1945 (month) (day) (year)
Cemetery or crematory: Christ Cemetery
Location: St. Michaels. Md.

18. Funeral director: Newnam & Harrison
Address: St. Michaels Md.

19. Feb 19 45 (Date rec'd by registrar) 19 45 John Hurwaler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 17 1945, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1945 to Feb 17 1945
and that I last saw h. alive on Feb 17 1945

Immediate cause of death	DURATION
Chronic Cardiac Asthma	?
Due to: Chronic Mitral Stenosis	?
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. H. Hole M.D.
M. D., or other
Address: St. Michaels, Md. Date signed 2/18/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 928

02071

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md. R.F.D. #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. #1 (Copperville)

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME MARY G. COPPER

3.(b) Social Security Number

4. Sex	5. Color or race	5.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife Charles H. Copper

6.(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) June ? 1894

8. AGE: Years	Months	Days	If less than one day
50	8	?	..... hrs. ..... min.

9. Birthplace Talbot Co. Md. (Town, county, and state)

10. Usual occupation Home

11. Industry or business Domestic

FATHER — 12. Name Harry Goldsboro

FATHER — 13. Birthplace Talbot Co. Md.

MOTHER — 14. Maiden name Mary Toone

MOTHER — 15. Birthplace Talbot Co. Md.

16. Informant Charles Copper (Husband)

Address Easton, Md. R.F.D. #1

17. (Burial, cremation, or removal. Which?) Burial Date thereof Feb. 26 1945 (month) (day) (year)

Cemetery or crematory Copperville

Location Easton, Md. Rural

18. Funeral director L. Ellis Clark

Address Easton, Md.

19. 2/26 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22, 1945, at 11.30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from February 8, 1945 to Feb. 22 1945

and that I last saw h... alive on Feb. 21, 1945.

Immediate cause of death	DURATION
Mitral regurgitation	about
Decompensation 3 mos.	know
Due to Unknown	
Lobar pneumonia	
Due to Feb. 10, 45 to Feb. 16th	
45	
Other conditions Pleurisy Feb. 10 to Feb. 18, 45	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Denny Willson M.D. M. D. or other

Address St. Michaels Md. Date signed Feb. 26, 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

02072

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:
County Talbot
City or town Wittmans
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Wittman
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Suzanne Louise Cummings

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1945

8. AGE: Years | Months | Days: 1 | If less than one day: ..... hrs. ..... min.

9. Birthplace Wittman (Town, county, and state)
10. Usual occupation Child
11. Industry or business

FATHER
12. Name J. Nicholas Cummings
13. Birthplace Baltimore Md

MOTHER
14. Maiden name Alice Sewell
15. Birthplace Wittman Md

16. Informant J. N. Cummings
Address Wittman Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 19, 1945 (month) (day) (year)
Cemetery or crematory Cemetery
Location St. Michaels. Md

18. Funeral director Newnam & Harman
Address St. Michaels. Md.

19. Feb 16th 1945 (Date rec'd by registrar) Anna C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1945 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 18 1945 to Feb. 18 1945
and that I last saw h.. w.. alive on Feb. 18. 1945

Immediate cause of death	DURATION
Congenital Debility	
Due to Prematurity	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Gregory M. Reed M.D.
M. D. or other
Address Elkton Md Date signed 2/19/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

02073

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Maryland

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Preston Henry Davidson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1944

8. AGE: Years | Months 8 | Days | If less than one day hrs. min.

9. Birthplace Easton, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Alexander Lewis Davidson

13. Birthplace Easton, Md.

MOTHER 14. Maiden name Edith Chase

15. Birthplace Easton, Md

16. Informant Edith Davidson (Mother)

Address Easton

17. Burial Date thereof Feb 15 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Williamsburg Cemetery

Location Easton R.D. 4 Md.

18. Funeral director Earle W. Stafford

Address Easton Md.

19. 2/14 1945 N. H. Morris

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1945, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19

and that I last saw h alive on 19

Immediate cause of death	DURATION
Broncho-pneumonia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis J. Neely M.D. M. D. or other

Address Easton Md Date signed 2-14-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

CERTIFICATE OF DEATH

012074

Reg. Dist. No. 290

Dr Noble

1. PLACE OF DEATH:

County Talbot

City or town Easton Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days 13 hrs.

Hospital, Institution or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 2 days 13 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 112 Hemmond Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Hattie DeShields

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Married

6.(b) Name of husband or wife John DeShields

112 Hammond St Easton 6.(c) If alive, give age 62 years

7. Birth data of deceased (mo., day, yr.)

8. AGE: Years 58 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Talbot Co. Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Lewis Phinney

13. Birthplace Talbot Co Md

MOTHER 14. Maiden name

15. Birthplace Talbot Co Md.

16. Informant John DeShields

Address Easton, Talbot Co Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 14 1945 (month) (day) (year)

Cemetery or crematory Richardson

Location Easton Md

18. Funeral director James A. Stewart

Address 302 E. Church St. Salisbury Md

19. 2/12 1945 M. H. Needles Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1945, at 2 30 a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 6 1945 to Feb 11 1945

and that I last saw h alive on Feb 10 1945

Immediate cause of death	DURATION
Paralysis Agitans	5 yrs
Due to Hypertension	(3 yrs)
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm A. Noble MD M. D. or other

Address Easton Md Date signed 2/16/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Franklin Swift Gibson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6.(b) Name of husband or wife: Jane Evelyn (Robins) Gibson

6.(c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): Nov. 11 1887

8. AGE: Years	Months	Days	If less than one day
57	2	23.	....hrs. ....min.

9. Birthplace: Philadelphia, Penna. (Town, county, and state)

10. Usual occupation: Chemical Broker

11. Industry or business

FATHER 12. Name: Franklin S. Gibson

13. Birthplace: Md.

MOTHER 14. Maiden name: Darsey C. Noakes Williams

15. Birthplace: Pa.

16. Informant: Mrs. F. Swift Gibson

Address: Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 7 1945 (month) (day) (year)

Cemetery or crematory: Friends Meeting

Location: Easton Md.

16. Funeral director: Wm. Clark.

Address: Easton Md.

19. 2/6 1945 (Date rec'd by registrar) M. H. Neiman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4 1945, at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1st 1945 to Feb. 4th 1945 and that I last saw him alive on Feb. 4th 1945

Immediate cause of death	DURATION
Coronary Occlusion	4 Days
Due to: Hypertension	2 Yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ....Date of op.....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: William S. Seymour M. D. or Coroner

Address: Easton Md. Date signed: Feb. 6 1945

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02076

CERTIFICATE OF DEATH

Reg. Dist. No. 29D

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits write RURAL and give nearest town)

How long in above place of death? 1 da.

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution? 1 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Trappe Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Gladys V. Hignutt

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	—

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 17, 1944

8. AGE: Years | Months: 4 | Days: 20 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Trappe, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: Kenneth Hignutt

FATHER — 13. Birthplace: Wye Mills. Md.

MOTHER — 14. Maiden name: Henrietta Breen

MOTHER — 15. Birthplace: T. C. Co. Md.

16. Informant: Kenneth Hignutt

Address: Trappe, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 8-45 (month) (day) (year)

Cemetery or crematory: Chesterfield

Location: Centreville Maryland

18. Funeral director: Barton Bros

Address: Centreville, Maryland

18. 2/7 1945 (Date rec'd by registrar) N. K. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-7- 1945 at 1:10 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 6th 1945 to Feb. 7th 1945

and that I last saw h.er alive on Feb. 7th 1945

Immediate cause of death	DURATION
Bronchopneumonia	5 days
Acute Otitis Media	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: William S. Seymour M. D. or other

Address: Easton Md. Date signed: Feb. 7th 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

012177

Reg. Diat. No. 397

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Oxford
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all of life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Oxford
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mary Ellen Howeth

3.(b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow

6.(b) Name of husband or wife: Joseph T. Howeth
6.(c) If alive, give age: years

7. Birth data of deceased (mo., day, yr.): Mar. 23, 1882

8. AGE: Years	Months	Days	If less than one day
62	11	5	hrs. min.

9. Birthplace: Tilghman, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
12. FATHER — Name: John Edward Faulkner
13. FATHER — Birthplace: Tilghman, Md
14. MOTHER — Maiden name: Julia A. Phillips
15. MOTHER — Birthplace: Tilghman, Md.
16. Informant: Mrs. John T. Howeth
Address: Easton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 2, 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton, Md.
18. Funeral director: Maurice E. Meanor & Son
Address: Easton, Maryland
19. Feb 28, 1945 (Date rec'd by registrar) Jonathan Sons Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 27, 1945, at 3 30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 22, 1945 to Feb 27, 1945 and that I last saw h... alive on Feb 27, 1945

Immediate cause of death	DURATION
Coronary Thrombosis	6 days
Due to: Diabetes	10 yrs.
Due to: Hypertension	10 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: no
Date of op.
Autopsy results: no
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: P. W. C. Stevens M D
M. D. or other
Address: Easton Md Date signed: 2-28-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-d

CERTIFICATE OF DEATH

012078

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: TALBOT CO

City or town: Memorial Hospital, Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 da.

Hospital, Institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 1 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: William Hyde

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary T. Hyde

6.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): June 30, 1880

8. AGE: Years	Months	Days	If less than one day
64	7	8	...hrs. ...min.

9. Birthplace: Harford Co. Md. (Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: Retired

FATHER 12. Name: Henry L. Hyde

FATHER 13. Birthplace: Harford Co. Md.

MOTHER 14. Maiden name: Annie Malcolm

MOTHER 15. Birthplace: Harford Co. Md.

16. Informant: Mary Hyde

Address: Federalsburg. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/11/45 (month) (day) (year)

Cemetery or crematory: Spesutia Cemetry

Location: Perryman, Md.

18. Funeral director: J. J. Hampton Son.

Address: Federalsburg Md.

19. 2-9 (Date rec'd by registrar) 1945 T. H. Meeris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 8. 1945, at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 7 1945, to Feb 8 1945

and that I last saw h... alive on Feb 8 1945

Immediate cause of death	DURATION
Acute Coronary Occlusion	1 da.
Due to: Chronic Hypertension	
Due to: Bulbar emphysema	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ... Injured at work?

23. SIGNATURE: J. Lyle Baker M.D. (M. D. or other)

Address: Easton, Md. Date signed: 2/9/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

02079

CERTIFICATE OF DEATH

Reg. Dist. No. 794

1. PLACE OF DEATH:
County Talbot
City or town Wittman Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Wittman Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME George D. Jackson

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6.(b) Name of husband or wife Ada M. Jackson
6.(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Dec. 10 1861

8. AGE:

Years	Months	Days	If less than one day
83	1	21	hrs. min.

9. Birthplace Wittman Md.
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant George T. Jackson
Address Wittman Md.

17. Burial Date thereof Feb 3. 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Christ Cemetery
Location St. Michaels, Md
18. Funeral director Newnam & Harrison
Address St. Michaels, Md

19. Feb 3rd 1945 Anna Casey Thomas
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1945 at 7A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1945 to Feb 1 1945
and that I last saw h... alive on Jan 31 1945

Immediate cause of death	DURATION
Coronary artery Arterio Sclerotic Heart Dis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Guynn Reese M.D.
M. D. or other
Address Tilghman Md Date signed Feb 2 1945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (56-2)

02080

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 days 12 hrs. 45 Min.

Hospital, Institution, or street address where death occurred:
Memorial Hospital

How long in hospital or institution? 11 days 12 hrs. 45 Min.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 321 Cannon St.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME (Enter surname first)

Lucille Jones

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Married

6.(b) Name of husband or wife: John Wesley Jones

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 5th 1919

8. AGE: Years: 26 Months: Days: If less than one day: ..... hrs. ..... min.

9. Birthplace: Kent Co. Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: James E Miller
13. Birthplace: Md.

MOTHER
14. Maiden name: Alphonso Frances
15. Birthplace: Md.

16. Informant: John W. Jones
Address: Chestertown, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Feb. 10, 1945
(month) (day) (year)

Cemetery or crematory: Quaker Neck

Location: Chestertown, Md. (Rural)

18. Funeral director: Marvin C. Williams

Address: Chestertown, Md.

19. 2/9/45 (Date rec'd by registrar)

M. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 8 1945 at 3:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 28 1945 to Feb 8 1945

and that I last saw h. liv. alive on Feb 8 1945

Immediate cause of death: Cardiac failure	DURATION: 2 da
Due to: Pituitary adenoma	7
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings at operations: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: J. Lyden Baker M.D.
M. D. or other

Address: Easton, Md. Date signed: 2/8/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

02081

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot Co.

City or town: Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 hrs. 45 min.

Hospital, Institution, or street address where death occurred:
Easton Memorial Hospital

How long in hospital or institution? 4 hrs. 45 min

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Cordova
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Robert John Loveland

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 24, 1943

8. AGE:

Years	Months	Days	If less than one day
1	4 mos.	6	..... hrs. ..... min.

9. Birthplace: Cyland, Pa.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Robert J. Loveland
13. Birthplace: Chester Pa.

MOTHER
14. Maiden name: Rubbie Johnson
15. Birthplace: Cordova Md.

16. Informant: John L. Clancy
Address: Chester Pa. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/26/45 (month) (day) (year)

Cemetery or crematory: Chester Pa

Location: Chester, Pa.

18. Funeral director: Maurice E. Meekins & Son

Address: Easton Md.

19. 2/23 1945 (Date rec'd by registrar) N. H. Meekins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 22 1945, at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 22 1945 to Feb. 22 1945 and that I last saw h. alive on Feb. 22 1945

	DURATION
Immediate cause of death: Toxemia	1 day
Due to: Pneumonia, influenza	1 day
Due to: Rose Cobra	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Queen Anne Md. Date signed 2-22-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-2)

02082

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:
County: Talbot
City or town: Claiborne, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Claiborne Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Dorcas L. Mc. Quay

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow

B.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 23, 1874

8. AGE: Years: 70 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Mc. David Talbot Co. Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: Thomas J. Kersey
13. Birthplace: Mc. Daniel Talbot Co. Md.

MOTHER
14. Maiden name: Hester E. Vincent
15. Birthplace: Bozman Talbot Co Md.

16. Informant: L. P. Kersey
Address: Mc. Daniel, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 2. 1945 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: St. Michaels, Md

18. Funeral director: Newnam & Harrison
Address: St. Michaels. Md.

19. Mar 1st 1945 (Date rec'd by registrar) Anna C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: FEBRUARY 28, 1945 at 9 00 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 15, 1944 to Feb. 28, 1945 and that I last saw her alive on Feb. 1, 1945

Immediate cause of death	DURATION
Acute Coronary Disease	
Due to: Chr. Rheumatoid Arthritis	Several yrs.
Due to:	
Other conditions: Hypertension	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op. ✓

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury ✓ Injured at work? ✓

23. SIGNATURE: Phebe D. Lewis M. D. or other
Address: St. Michaels, Maryland Date signed: 3.2.45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02083

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Easton Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne's

City or town: Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

William Dorsey Meredith

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 16, 1944

8. AGE: Years 1 | Months 1 | Days 2 | If less than one day ... hrs. ... min.

9. Birthplace: Mt. Queenstown, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: William E. Meredith

13. Birthplace: Mt. Queenstown, Md.

MOTHER 14. Maiden name: Mary Nelson

15. Birthplace: Ruthsburg, Md.

16. Informant: Wm. E. Meredith

Address: Queen Anne Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2/21/45 (month) (day) (year)

Cemetery or crematory: Chesterfield

Location: Centreville, Md

18. Funeral director: Barton Bros

Address: Centreville, Md

19. 2/19 1945 (Date rec'd by registrar) M. H. Meires Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-19 1945 at 5:25 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10, 1945 to Feb 19, 1945 and that I last saw him alive on Feb 19, 1945

	DURATION
Immediate cause of death: Meningitis (Type 46) Pneumococcus	12 days
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: No op

Date of op.

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wm. D. Noble, M.D. (M. D. or other)

Address: Easton, Md. Date signed: 2/20/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County... Talbot

City or town... Easton R.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?...

Hospital, Institution, or street address where death occurred:

...

How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Talbot County Md

City or town Easton (R 1)

(If outside city or town limits, write RURAL and give nearest town)

Street No...

(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME Ronie Albert Mooney.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	C.	S.

6.(b) Name of husband or wife...

6.(c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) Dec. 2nd 1944.

8. AGE: Years	Months	Days	If less than one day
	2	4	...hrs. ...min.

9. Birthplace Easton - R. D. (Town, county, and state)

10. Usual occupation...

11. Industry or business...

FATHER 12. Name Phillip Lee Mooney

13. Birthplace Md.

MOTHER 14. Maiden name Florence P. Elwell

15. Birthplace Md.

16. Informant Phillip Lee Mooney

Address Easton Md. RD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 8 1945 (month) (day) (year)

Cemetery or crematory Asbury

Location Near Easton Md.

16. Funeral director Ellis Camp

Address Easton Md.

19. 2/6 (Date rec'd by registrar) 19 45 W. H. Meeris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 19 45, at 4 55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ...19..., to ...19...

and that I last saw h... alive on ...19...

Immediate cause of death	DURATION
Lobe pneumonia	
Due to Exposure	
Due to...	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations...

...Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide... Date of...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury... Injured at work?

23. SIGNATURE Lamb D. Watts M.D. M. D. or other

Address Easton Md. Date signed 2-6-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 75-C

02185

CERTIFICATE OF DEATH

Reg. Dist. No. 297

1. PLACE OF DEATH:
County Talbot
City or town Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? All of Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME William Purnell

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

8.(b) Name of husband or wife Ida Purnell
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 1 1865

8. AGE: Years 79 | Months 2 | Days 13 | If less than one day ..... hrs. ..... min.

9. Birthplace Issue Hill Md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace "

16. Informant Mrs. William Purnell
Address Trappe, Md (Rural)

17. Burial Date thereof Feb 20 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Trappe (Colored)
Location Trappe, Maryland

18. Funeral director Maurice E. Meredith
Address Easton, Md

19. Feb 19 1945
(Date rec'd by registrar)
Joseph A. Rossi Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17, 1945 at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 16 1945, to Feb 17 1945
and that I last saw h Alive on Feb 17 1945

	DURATION
Immediate cause of death Cardiac decompensation	Instant
Due to Acute myocardial infarction	7
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Joseph A. Rossi M. D. or other
Address Trappe, Md Date signed 2/19/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 Yrs.

Hospital, institution, or street address where death occurred:

303 Hedwood Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 303 Hedwood Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Ethel Thompson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: John Thompson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 1, 1880

8. AGE: Years 64 | Months 3 | Days 3 | If less than one day ..... hrs. ..... min.

9. Birthplace: Somerset Co. Md. (Town, county, and state)

10. Usual occupation: Store Keeper

11. Industry or business

FATHER

12. Name: George W. Davy

13. Birthplace: Somerset Co. Md.

MOTHER

14. Maiden name: Arbella Dodson

15. Birthplace: Virginia

16. Informant: Dorothy W. Davy

Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 7, 1945 (month) (day) (year)

Cemetery or crematory: Spring Hill Cemetery

Location: Easton, Md.

18. Funeral director: L. Ellis Clark

Address: Easton, Md.

19. 2/6 (Date rec'd by registrar) 19 45 M. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 4 1945 at 7.20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1944, to Feb 4 1945

and that I last saw h.er alive on Jan 29 1945

	DURATION
Immediate cause of death: Acute Myocarditis	2 days
Due to: Metastatic Carcinoma	
Due to: Carcinoma of Breast, Primary	2 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Eugene Baker M. D. (M. D. or other)

Address: Easton Date signed 2-6-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Evidence for change of year of birth of deceased is shown on FILM No. G 9 4 APR 13 1945

02087

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
County Talbot
City or town St. Michaels Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town St. Michael. Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Altha V. Watts

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10 1932

8. AGE: Years	Months	Days	If less than one day
12	3	18	hrs. min.

9. Birthplace Tilghman (Town, county, and state)
10. Usual occupation Child
11. Industry or business School

FATHER
12. Name Marion C. Watts
13. Birthplace Hewitt

MOTHER
14. Maiden name Altha L. George
15. Birthplace Tilghman Md

16. Informant Marion C. Watts
Address St. Michaels. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 7, 1945 (month) (day) (year)
Cemetery or crematory Olivet
Location St. Michaels. Md

18. Funeral director Numans and Harrison
Address St. Michaels Md

19. Feb 6th 1945 (Date rec'd by registrar) John H. Bowles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5th 1945 at 11.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~from~~ on Feb 5th 1945 to 19 and that I last saw h alive on Feb 5th 1945

Immediate cause of death Congenital valvular heart

Due to failure of valve function

Due to Aggravated bronchial pneumonia

Other conditions

(Include pregnancy within 3 months of death)

DURATION
from birth to death

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Owen Willson, M.D.
M. D. or other
Address St. Michaels, Md Date signed Feb 5, '45

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57)

CERTIFICATE OF DEATH

112188

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 da.

Hospital, Institution, or street address where death occurred: Memorial Hospital

How long in hospital or Institution? 3 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Hillsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Edward Grayson Whitby

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 11, 1945

8. AGE: Years | Months | Days: 3 | If less than one day: 4 hrs. 20 min.

9. Birthplace: Easton Md. (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Edward Francis Whitby

13. Birthplace: Queen Anne

MOTHER — 14. Maiden name: Olwyn Elizabeth Weinstock

15. Birthplace: Frankford Pa

16. Informant: Mrs Raymond Whitby Foster mother

Address: Queen Anne Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-15-45 (month) (day) (year)

Cemetery or crematory: Hillsboro

Location: Hillsboro Maryland

18. Funeral director: Mrs Raymond Whitby

Address: Queen Anne Md

19. 2/14/45 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 14 1945, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 11 1945, to Feb. 14 1945

and that I last saw him alive on Feb 14 1945

Immediate cause of death: Coronary Thrombosis

Heart disease — DURATION: 3 da.

Due to:

Due to:

Other conditions:

(Include pregnency within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: injured at work?

23. SIGNATURE: Hurst Pedersen M.D. M. D. or other

Address: Queen Anne Md Date signed 2/15/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1378)

CERTIFICATE OF DEATH

11218:1

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 days

Hospital, institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 19 days.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Rhodesdale, Maryland (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Mr. Joseph T, Windsor

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mrs. Minnie Windsor

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): April 23, 1865

8. AGE: Years	Months	Days	If less than one day
80			hrs. min.

9. Birthplace: Hurlock Maryland Dorchester Co. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: Hazleton Windsor

13. Birthplace: Sharptown Maryland

MOTHER — 14. Maiden name: Phoebe Robinson

15. Birthplace: Sharptown, Maryland

16. Informant: Mr. Donald Wheatley

Address: Rhodesdale, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-13-1945 (month) (day) (year)

Cemetery or crematory: East New Market, Md.

Location:

18. Funeral director: Ferguson Bro's

Address: Sharptown, Md.

19. 2/12 1945 (Date rec'd by registrar) M. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 10, 1945 at 1:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 22, 1945 to Feb 10, 1945 and that I last saw him alive on Feb 9 1945

Immediate cause of death	DURATION
Pyelonephritis	3 wks +
Due to: Urinary obstruction	
Due to: Hypertrophied prostate gland	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Hypertrophied Prostate gland Date of op. Jan 30, 1945

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John Schneider M.D. M. D. or other

Address: Cambridge, Md Date signed: Feb 10, 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS A15